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ANNEXURE – I

Rama Medical College Hospital & Research Centre

Mandhana, Kanpur

CONCENT FORM

I .....dau/wife of .....exercising my free power of choice, hereby give my consent to be included in the study" Study of thyroid function, stress and obesity in infertile women of North Indian population" I hereby give my consent for information related to me to be reported in the research study.

I understand that my name and identity will be concealed.

Once signed, I cannot revoke my consent.

(To be explain in details in native language)

Participant

Name.....

Signature.....

Date.....

सहमति फार्म

मैं .....पुत्री /पत्नी/..... स्वयं इस अध्ययन में भाग लेना रहा/रहीं हूं। मैं स्वयं मुझेसे संबंधी सूचना इस अध्ययन कार्य में प्रकाशित करने की सहमति देता/देती हूं। मैं समझता/ समझती हूं कि मेरा पहचान गोपनीय रखी जाएगी।

एक बार हस्ताक्षर के पश्चात मैं सहमति रद्द नहीं कर सकता/ सकती हूं।

सहभागी

नाम:.....

हस्ताक्षर/अगुठे का निशान:.....

दिनाक:.....